

MORE REMARKS ON THE PROGRAM OF THE APRIL MEETING.

The Committee on Scientific Program regrets that, at the last minute, it was necessary to exclude from the published program, the synopses of various papers. Every effort was made to have the synopses ready for publication, but because of a variety of unforeseen obstacles, for which the committee was not responsible, this could not be done. The synopses will appear in full on the programs issued to the members at Santa Barbara. Authors are again reminded that each essayist will be required to present to the chairman of the section before which his address is to be given, a copy of his paper before the same is read. The rules regarding time for addresses, and for discussion heretofore in vogue will be strictly adhered to this year.

The Committee wishes to call special attention to the dedicatory exercises of the new laboratory and clinic, which have been recently added to the Cottage Hospital of Santa Barbara, which will be held Monday evening, preceding the meeting of the State Society. Under the supervision of Dr. Nathaniel Bowditch Potter, this institution has been carrying out a large amount of research work, particularly on metabolic diseases, which work has been endowed by the Carnegie Institute, and a number of private individuals. There is no question whatsoever but that an institution of this type deserves the greatest encouragement from the medical profession, and it is earnestly hoped that the members of the State Society should avail themselves of the opportunity to be present, and by their presence at the dedicatory exercises, testify to the great importance of the work that is being carried on by Dr. Potter.

WHEN DOCTORS DISAGREE.

The Doctor is always expected to win in the never-ending conflict with disease. When judges or theologians disagree no one seems greatly disturbed or surprised. Statesmen may change rapidly and radically upon fundamental policies and still be hailed with enthusiastic applause. But when Doctors disagree the equanimity of some of the people is immediately agitated.

It is natural for Doctors to disagree for our profession as a whole demands incontrovertible evidence before it will accept any new doctrine. The medical profession does not proceed on assumptions or fanciful theories or baseless fabrics of dreams. The difference between Doctors who differ on some unsolved problems and their captious critics who agree on preposterous theories is the difference we always find between fact and fiction. A fairy story is more pleasing to a childish mind than a recital of facts.

The candid confession of the medical profession that science had not yet discovered any standard uniform methods either for the cure or prevention of influenza is a splendid assurance to thinking people that when the Doctors are agreed upon a method or measure it is because it has stood every acid test of science and practical experience. But spurious science that offers no remedies for any ill,

believing that the ill influenza wind is from the right quarter for its own progress, has spread its sails and is moving along right merrily. One moment they blandly say, "The Doctors have failed," and the next minute they proclaim, "There was no epidemic."

We know there was an epidemic—an epidemic whose terrible toll exceeded that of the four years of the bloodiest war of all times. We know that the invisible foes of the epidemic were more devastating than all the engines of war devised by the Allies and the Central Powers.

When we look over the long list of diseases that have been conquered and that have become mere spectres of the past we are inclined to congratulate ourselves, but science is always humble and realizes that countless mysteries remain unsolved. We have not become as gods with a knowledge of all good and evil. It is only spurious science that claims to have the key to unlock all secrets.

In the other branches of science, except medical science, when disagreements occur they are interesting only to those who disagree. But when Doctors disagree, the uninformed, the superficial observers, without any basic facts or proper preparation are quick to volunteer as referees and render decisions with dogmatic emphasis. The public does and should take a lively interest in the Doctor. He more nearly touches the lives of the people from the cradle to the grave than any other profession. The Doctors do more for the public gratuitously than any other profession or any other class. They are always ready and glad to serve, and this epidemic found them devoted to a man.

The Doctors are their own severest critics; they are never self-satisfied. Whilst reviewing regretfully the great losses of the epidemic they are seriously searching for the solution, and whilst those who endeavor to indict the medical profession are busy building wire entanglements to delay progress, scientific men are busy in the laboratories of the world, and any day "the malignant and mysterious flu" may be mastered.

A joint Influenza Committee has been created to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the Government departments. The members of this committee, as designated by the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, and the Director of the Census, are: Dr. William H. Davis, chairman, and Mr. C. S. Sloane, representing the Bureau of the Census; Dr. Wade H. Frost and Mr. Edgar Sydenstricker, of the Public Health Service; Colonel D. C. Howard, Colonel F. F. Russell, and Lieutenant Colonel A. G. Love, United States Army; Lieutenant Commander J. R. Phelps and Surgeon Carroll Fox, United States Navy.

The influenza revealed many weaknesses in the health machinery of various States. The lack of co-ordination, unity and vigor which permitted the epidemic to spread was truly lamentable. That there is a need for radical reorganization of health work is generally conceded. The slowness and

indecision that characterized the efforts of some health authorities was largely due to lack of funds and the obstructive tactics of those who now would shift the blame and responsibility to the shoulders of the devoted Doctors.

The important practical question is to remedy defects and prepare to deal more effectively with the next epidemic, or the recurrence of the last epidemic. No one can predict with safety how long the comparative freedom we are now enjoying from the influenza will last. Anyone who has practical measures to suggest should get them into practical shape. Every householder and every resident in every community of California is interested in our common health problems, and the Journal will welcome constructive suggestions from any citizen or organization.

True science never becomes discouraged or baffled or bewildered in the presence of an unsolved problem. Each unsolved problem that challenges medical science only quickens the interest and increases the efforts of our whole profession for its solution.

PAYMENT OF STATE TAX.

In 1918 an act passed the Legislature assessing an annual tax of two dollars against each registered physician in California. In case of non-payment by March 1, the license of the offender would be subject to revocation and he could only be reinstated by paying a fee of ten dollars. This tax money is to be employed in the prosecution of illegal practitioners and similar work necessary to protect licensed physicians. On the whole, the tax is a good thing and provides an urgently needed fund for very necessary work.

Some unintentional injustice has been done certain physicians in military service who could not, or did not, receive notice and who consequently now find themselves under the necessity of paying ten dollars or of practicing illegally. Other physicians, a very few, have received due notice and refused payment. They will be dealt with under the law and have only themselves to thank for their own predicament. Altogether there have been very few complaints. None of these have merit except in the case cited, of physicians in service who did not receive notice. Here is to be considered the evident fact that these physicians have been more fortunate than their fellows. They have made sacrifices, to be sure. But the fact remains that they are fortunate and enviable to have been in the military. Among the necessary sacrifices they may reckon this tax penalty. It is, after all, a small amount and will not seriously inconvenience any who must pay it. On reflection, none of these men will be able to view it in any other light.

It is said, with some truth, that the burden of regulation of the medical profession should rest on the social body of the State, inasmuch as this regulation is solely for the protectional benefit of the people. But it must be remembered also, that legislature and people alike look to the medical profession for expert counsel and guidance in matters pertaining to health. They have a right

to expect skilled leadership in this field. Not to disappoint this expectation means that the medical profession must go ahead of its obvious duty. It must pioneer. If it does not maintain this sanitary and health leadership for which it is fitted and which is demanded of it by the public, *it may as well quit and it will soon be forced to quit.* It is a small matter to contribute a very small amount to a special fund for the protection of the public in a way that only the medical profession can protect it. We will pay the tax, rejoice in the privilege of having served our country in uniform, and make every effort to administer wisely community leadership in matters of health.

PUBLIC HEALTH AND STREET RAILWAYS.

It would seem that the price of a street car ride was a matter of economics only, but such is not the case. Throughout the United States there is a movement to advance street car fares, usually not over a cent or two. It is said, with some reason, that the increase is too small to be a serious economic burden to the public. It is said, with much less reason, that increased cost of operation justifies and necessitates the raise.

In the first place, it must be shown that increased cost of operation could not be met by economical administration and by other means than increase of fares. In the second place, street railways are a public utility, a necessity of modern life and essential for industry, business, and health. They are essential for health because they are the *sine qua non* for decentralization of towns and cities. Suburban extensions, rural homes for workmen and decent home districts for workers in cities are made possible by street railways. Whatever, therefore, interferes with the maximum service of the street railways to the workers, to that extent tends to crowd the workers and their families into whatever living quarters can be secured close to the industry. This means tenements congested, poor living quarters, and all the evils dependent on faulty housing which, it had been hoped, were in permanent decrease in this country. Anything, therefore, which decreases the present healthy tendency to suburban living and decent housing away from industry, for the working class, is a menace to public health, an economic and social danger, and represents a powerful reactionary influence.

Is the movement to increase street railway fares subject to this indictment? According to John P. Fox¹, it is. He states that nearly always higher fares decrease short trip passengers to such an extent that the receipts are the same as or even less than, before the change. For instance, in Columbus, Ohio, during the first two months of higher fares, the receipts were 16½ per cent. lower than the preceding year and the total passengers were 35½ per cent. less. Moreover, the public has not benefited by higher fares, as the belief that the revenues could be indefinitely increased by this simple means has led to widespread neglect of economical administration and proper upkeep on the part of electric railway lines.

¹ Survey, March 1, 1919.